PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known ons Act, 2005 (H.R. 4818). 10/072,579 Application Number FEE TRANSMITTAL February 6, 2002 Filing Date For FY 2005 Min-Goo KIM First Named Inventor Torres, Joseph D. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2133 (\$) 1120.00 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 678-804 (P10162) METHOD OF PAYMENT (check all that apply) X Check Credit Card None Money Order Other (please identify): Deposit Account Name: Dilworth & Barrese, LLP Deposit Account Deposit Account Number: 04-1121 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 500 150 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 500 600 300 150 250 200 100 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 180 360 Multiple dependent claims Multiple Dependent Claims **Total Claims** Fee Paid (\$) Fee Paid (\$) Fee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) __ (round up to a whole number) x - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) \$1120.00 Other: \$790.00 (RCE Filing Fee) & \$330.00 (2-Mo. Ext. of Time, less 1 mo. Ext. sent 10/24/05)

SUBMITTED BY			
Signature	Sant Aul	Registration No.33,494 (Attorney/Agent)	Telephone 516 228-8484
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CERTIFICATION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner popPatents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: November 22, 2005

(Name) Michael J. Musella